CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

purpose of initiating the civil de					57 1, 10 1 0 qu m cu 101 m c 01		
I. (a) PLAINTIFFS				DEFENDANTS			
(b) County of Residence of First Listed Plaintiff Craven, NC (EXCEPT IN U.S. PLAINTIFF CASES)				Morris-Shea Bridge Company, Inc.			
				County of Residence of First Listed Defendant Jefferson, AL (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.			
(c) Attorneys (Firm Name, A	Address, and Telephone Numbe	r)		Attorneys (If Known)			
Sosa-Morris Neuman Atto 77005, 281-885-8844	•		on, TX	•			
II. BASIS OF JURISDI	ICTION (Place an "X" in C	ne Box Only)	III. CI	<u> </u> TIZENSHIP OF P	RINCIPAL PARTIES	(Place an "X" in One Box for Plaintif	
☐ 1 U.S. Government Plaintiff	3 Federal Question (U.S. Government Not a Party)			(For Diversity Cases Only) PTF DEF Citizen of This State D 1 I Incorporated or Principal Place of Business In This State			
☐ 2 U.S. Government Defendant	Defendant (Indicate Citizenship of Parties in Item III)		Citizen of Another State				
			Citizen or Subject of a 3 5 Foreign Nation 6 6 6 Foreign Country				
IV. NATURE OF SUIT		orts	FC	ORFEITURE/PENALTY	Click here for: Nature of Su BANKRUPTCY	it Code Descriptions. OTHER STATUTES	
□ 110 Insurance □ 120 Marine □ 130 Miller Act □ 140 Negotiable Instrument □ 150 Recovery of Overpayment	PERSONAL INJURY 310 Airplane 315 Airplane Product Liability 320 Assault, Libel & Slander 330 Federal Employers' Liability 340 Marine 345 Marine Product Liability 350 Motor Vehicle Product Liability 360 Other Personal Injury 362 Personal Injury Medical Malpractice CIVIL RIGHTS 440 Other Civil Rights 441 Voting 442 Employment 443 Housing/ Accommodations 445 Amer. w/Disabilities - Employment 446 Amer. w/Disabilities - Other 448 Education	PERSONAL INJUR 365 Personal Injury - Product Liability 367 Health Care/ Pharmaceutical Personal Injury Product Liability 368 Asbestos Personal Injury Product Liability 368 Asbestos Personal Injury Product Liability PERSONAL PROPEF 370 Other Fraud 371 Truth in Lending 380 Other Personal Property Damage 385 Property Damage Product Liability PRISONER PETITION Habeas Corpus: 463 Alien Detainee 510 Motions to Vacate Sentence 530 General 535 Death Penalty Other: 540 Mandamus & Oth 550 Civil Rights 555 Prison Condition 560 Civil Detainee - Conditions of Confinement	XTY	LABOR O Fair Labor Standards Act Labor/Management Relations Railway Labor Act Family and Medical Leave Act Cother Labor Litigation Employee Retirement Income Security Act IMMIGRATION No Naturalization Application Standards Other Labor Litigation Cother Labor Labor Litigation Cother Labor Lit	□ 422 Appeal 28 USC 158 □ 423 Withdrawal 28 USC 157 PROPERTY RIGHTS □ 820 Copyrights □ 830 Patent □ 840 Trademark SOCIAL SECURITY □ 861 Black Lung (923) □ 863 DIWC/DIWW (405(g)) □ 864 SSID Title XVI □ 865 RSI (405(g)) FEDERAL TAX SUITS □ 870 Taxes (U.S. Plaintiff or Defendant) □ 871 IRS—Third Party 26 USC 7609	□ 375 False Claims Act □ 376 Qui Tam (31 USC	
	moved from 3 the Court Cite the U.S. Civil Star Fair Labor Standa Brief description of ca	Appellate Court utute under which you and Act, 29 U.S.C.	re filing (1	pened Anothe (specify) Do not cite jurisdictional state	r District Litigation Transfer		
Failure to pay overtime VII. REQUESTED IN COMPLAINT: □ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.			N D	DEMAND \$ CHECK YES only if demanded in complaint: JURY DEMAND: X Yes			
VIII. RELATED CASE(S) IF ANY (See instructions): JUDGE				DOCKET NUMBER			
DATE 04/05/2017	SIGNATURE OF ATTORNEY OF RECORD /s/ Beatriz Sosa-Morris						
FOR OFFICE USE ONLY		, 5, 254112 5000		-			
RECEIPT # AM	AMOUNT APPLYING IFP			JUDGE	MAG. JU	DGE	